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Change in the Composition and Function of the Brain by Psychic Influence. By F. RICHTER. Berliner Klin. Wochenschrift, February, 1887.

The stimulus of normal psychic activities, which it is the object of psychic therapeutics to apply, may be so devised as to be a powerful auxiliary, though always subordinate to diatetic and physical means in curing certain brain diseases. This is especially the case in disturbances originating in shock, overwork, care, sorrow, losses, bad habits, and false education. All forms of psychic shock cause first local anaemia of the brain with probably less hyperaemia in adjacent regions. Cohnheim and Arndt hold (and the former claims to have experimentally demonstrated it) that repeated stimuli cause contraction of capillaries, and that if this has lasted long its cessation leaves the porosity of the capillary walls impaired so that the blood elements too freely saturate the brain and thus impair its functions. This unequal distribution of blood affects the vasomotor sphere in turn, and arterial pressure and transudation and imbibition ensue. Arndt believes that the ganglion bodies thus tend to lose their processes, become apolar and even indistinguishable from adjacent nervous tissue, although, as Richter suggests, this begins to look like the results of inflammation. Such changes are ascribed to abnormal or excessive psychic stimulus, and the symptoms which attend them resemble those which follow cerebral neuroses of anaemic and dyscrasic origin, and may be attended by hemianaesthesia, neuralgia, exhaustion, lameness, cramp, aphasia, cardiac neuroses, nervous catarrh of nose, stomach, intestines, nervous metritis, irritability, depression, etc. But mental hygiene, wisely directed, has a regenerative influence. A deranged cortex with false psychic functions may have its abnormal tissue or compounds degenerated or decomposed by wise psychic regime. Morbid inhibitory stimuli may be neutralized by normal stimuli. For abulia with consequent lameness, excitement of the will is prescribed. Paralysis from fright are redressed by new psychic shock. The greatest tact is of course needed in such cases to hit the right nuance between sedative and stimulating influences and decide on just the right psychic state to neutralize the morbid one. The greatest personal ascendancy over the will and even imagination of the patient, and with of course isolation from too tender friends, is indispensable. Narrow-mindedness, conceit, stubbornness, and in fact pure psychoses generally, are harder to deal with than neuroses with psychopathic symptoms, and require ascendancy over the mind of the patient and an ability to impose a good psychic sphere, which makes the highest degree of confidence on the part of the patient absolutely indispensable. The weak point of this paper is the absence of indirect proof (direct being of course out of the question) of the underlying assumption of positive regeneration or "Rückbildung" of cell processes or other brain tissue.

On Changes in the Nervous System after Amputation of Limbs, with Bibliography and Recent Cases. E. S. REYNOLDS. Brain, January, 1887.

The conclusions of this valuable and comprehensive paper are that the numerous small fibres of the sciatic trunk after amputation are results of atrophy and not degeneration. This is ascribed to disuse only, connection with the trophic centres preventing degenerative

change. Most of them are demonstrably sensory and could be traced through the posterior spinal ganglia to the cord, but some are as certainly motor. Afferent impulses from parts removed are of course impossible, but motor impulses overflowing from the cord to stumps, though only to be blocked at the site of amputation, are at least conceivable. The small fibres caused by general paralysis must be distinguished from Ranvier's small fibres constituting the neuroma and occurring at the end of the central stump of a cut nerve. The postero-lateral group is not sensory, but motor, innervating the muscles which maintain the erect position. Affection of the sensory tracts reduced the size of the posterior column and horn of the same side, but Clarke's columns were intact, their function being, as Gaskell has almost conclusively shown, the innervation of the viscera. All shrinking due to amputation is compensated by great widening of the lymph channels and slight increase of connective tissue in the small bundles.

Ueber Koprostasic-Reflex Neurosis. By Prof. E. H. KISCH. Berlin. Klin. Wochenschr., April, 1887.

Neuroses of the heart are the most common of the reflex neuroses, which the author thinks to be due to habitual constipation. Next in order of frequency follow hemicrania. Then come sciatica, lumbar-abdominal neuralgia, ovaralgia, and the trigeminal neuralgia of Gussenbauer. The author feels justified in designating these as a distinct group of neuralgic affections due to defective action of intestinal ganglia, or in the terms in which Nothnagel summarized the results of his investigations, to "a diminution of the automatic activity of the nervous apparatus of the intestines."

Ueber die posthemiplegischen Bewegungsstörungen. Eine klinische Studie. B. GREIDENBERG. Arch. f. Psychiatrie, 1886, p. 131.

This extended study, with very copious use of the literature of the subject collected in 267 titles at the end, in this new and fruitful field, is too crowded with details to be adequately reviewed. The main result reached by the author, not only from the literature but from careful study of cases, is expressed in the following table classifying post-hemiplegic movements :

Contractures	{	apoplectic, cramps, clonic	tonic	Composite forms in various combinations.	
			intermittent		
		early — paralytic, passive	muscular rigidity		
		late {	constant, lasting, fixed		
		changeable, (latent)			
exaltation of tendon reflexes					
co-ordinate movements					
tremors	{	reflex, clonus	{		
		essential {			trembling proper (tremor) in the form of paralysis agitans
					or of disseminate sclerosis
hemichorea	{	constant	{		
		with intended movements, disturbance of co-ordination (hemi-ataxia)			
athetosis					